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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE ____ OR SMALL ENTITY **FOR NUMBER EXTRA** NUMBER FILED RATE FEE RATE FEE **BASIC FEE** 345.00 690.00 OR 0 **TOTAL CLAIMS** minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =X39= X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +130= +260= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 3) CLAIMS HIGHEST ADDI-⋖ ADDI-REMAINING NUMBER PRESENT ENDMENT RATE TIONAL RATE TIONAL AFTER PREVIOUSLY **EXTRA** AMENDMENT PAID FOR **FEE** FEE Total Minus X\$ 9= X\$18= OR Independent Minus *** = X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CHAINS HIGHEST ADDI-REMAINING ADDI-NUMBER **PRESENT AMENDMENT** AFTER **PREVIOUSLY** RATE TIONAL **RATE** TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus ** X\$ 9= X\$18= OR Independent Minus *** X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ADDI-NUMBER ADDI-PRESENT AMENDMENT **AFTÉR PREVIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minue •• X\$ 9= X\$18= OR Independent Minus X39= X78:= FIRST PRESENTATION OF MULTIPLE DEFCH DENT CLAIM OR +130= +260= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

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